# Iowa SIM Healthcare Innovation and Visioning Roundtable

**February 15, 2018**

**Emerging Themes**

**Healthy Communities/Prevention**

**Consumer Experience Across the Continuum**

**Building a Sustainable Health System**

**Shared Quality Metrics**

**Use and Sharing of Data**

**Enabling Technology**

**Care Coordination and Patient Centered Delivery System Alignment**

**Health System Transparency and Education**

**Value-Based Purchasing**

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## Strawman for Discussion

**Working together, we will build a coordinated, data-supported healthcare system that is:**
- **Fiscally sustainable;**
- **Provides better health outcomes; and,**
- **Advances the economic and business environment for our state.**

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# APPENDIX

# Discussion Recap
**Innovation and Visioning Roundtable**
**December 14, 2017**
**Meeting**

**National Healthcare Environment**

**Clare Wrobel, Director of Payment Reform Models, Health Care Transformation Task Force**

- Transition to value-based purchasing at the national level
  - No loss of momentum post-Obama administration
- Transition requires organizational investment and a huge cultural shift
- Preferred model is the Accountable Care Organization (ACO) structure
  - Majority of lives covered by ACOs is through commercial plans
  - ACO model seems the most prevalent for states transitioning to value-based purchasing in Medicaid
- State examples: Maryland; Tennessee; Minnesota
- Create better business case for delivery system innovation
- Align incentives to demonstrate growing value for hitting incentives
- Importance of sustainability plans

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## Iowa Healthcare Landscape

**Nick Gerhart, Chief Administrative Officer, FBL Financial Group Inc.**

**Dr. Tom Evans, President and CEO, Iowa Healthcare Collaborative**

- Issues can be resolved at the state-level - responsibility to build Iowa-based solutions
- Education needed for consumers
- Data needed to make informed decisions
- Challenges in the individual market
- Dynamic between the payer community and the provider community in a value-based system
- Need to redesign care and create sustainability strategies
- Need to be adaptable and foster continual learning

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**Healthy Communities/ Prevention**

- Prevention is different than care coordination

- Focus on community-based prevention strategies

- Population health and social determinants

- Hierarchy of needs across health and non-health domains (e.g. food insecurity, shelter)

- Need to get upstream on "disease factory"

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**Consumer Experience across Continuum**

- Better consumer education

- Consumer engagement across continuum of care

- Accountability of one's health

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## Shared Quality Metrics

- Commonality in quality measurement across payers, and the importance of aligning metrics between payers
- Simplicity and focus in measurement sets
  - Select areas – TCOC, chronic illness, and prevention
- Accountability for metrics among providers and payers
- Avoiding unnecessary oversight
- Relationship of metrics and economics
- How performance is incentivized
- Aligning metrics and incentives for integration of behavioral health and acute care

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## Use and Sharing of Data

- Need for ACOs to have data
- Potential for All Payer Claims Database (APCD)
  - Capture Total Cost of Care (TCOC)
- Challenges of exchanging information real-time
- Bi-directional health information exchange at the point of service
  - Eventual interoperability
- Restrictions in current regulations (e.g. HIV, behavioral health, and substance abuse information)
- Transparency needed for transformation at the service delivery level
- Provider views into proprietary systems
- Data or insight into tools (e.g. Value Index Score)

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## Technology

- Technology as an enabler

- Telemedicine, broadband, and mobile technologies to expand place of service beyond a clinic

- How technologies can be leveraged

- How compensation is provided

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## Care Coordination

- Optimize care coordination across systems

- Common definition of care coordination

- Population-specific levels of care coordination

- Effectiveness of care coordination

- How to pay for care coordination

- Defining roles between payers and providers

- Relationship between payment and risk

- Communication plans for providers and consumers

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## Other Issues

- Differences between rural and urban

- Scalable models and not a one-size fits all

- Pharmacy cost inflation

- Potential for a common formulary and/or buying coalition

- Overutilization/underutilization

- High care "hot spots

- Workforce development

- Integration of public health, healthcare, and community resources

- Sustainability

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